

	AETNA PLANS and HORIZON PLANS							
	Aetna Freedom10 NJ DIRECT10	Aetna Freedom15 NJ DIRECT15	Aetna Freedom1525** NJ DIRECT1525	Aetna Freedom2030** NJ DIRECT2030	Aetna HMO Horizon HMO <sup>1</sup>	Aetna HMO1525 Horizon HMO <sup>1</sup> 1525	Aetna HMO2030** Horizon HMO <sup>1</sup> 2030	Aetna Value HD4000* NJ DIRECT HD4000*
Medical Cost Sharing								
Primary Care Copayment	\$10	\$15	\$15	\$20	\$10	\$15	\$20	
Specialist Care Copayment	\$10	\$15	\$25	\$30/adult \$20/child***	\$10	\$25	\$30/adult \$20/child***	
Emergency Room Copayment	\$25	\$50	\$75	\$125	\$35	\$75	\$125	
In-Network Deductible <sup>2</sup>								\$4,000
In-Network Coinsurance <sup>3</sup>	10%	10%	10%	10%	\$100 deductible then covered in full	\$100 deductible then covered in full	\$100 deductible then covered in full	20% after deductible
In-Network Coinsurance Maximum (Individual) <sup>2</sup>		\$400	\$400	\$800				\$1,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700	\$1,000
Out-of-Network Deductible (Individual) <sup>2</sup>	\$100	\$100	\$100	\$200				See In-Network Deductible <sup>4</sup>
Out-of-Network Coinsurance (Individual) <sup>5</sup>	20%	30%	30%	30%				40%
Out-of-Network Out-of-Pocket Maximum (Individual) <sup>2</sup>	\$2,000	\$2,000	\$2,000	\$5,000				\$2,000
Out-of-Network Inpatient Hospital Deductible			\$200/stay	\$500/stay				
Prescription Drug Copayments								
Retail Generic	\$10.00	\$10.00	\$7.00	\$3.00	\$6.00	\$7.00	\$3.00	Subject to deductible and coinsurance
Retail Preferred	\$21.00	\$21.00	\$17.00	\$19.00	\$13.00	\$17.00	\$19.00	
Retail Non-Preferred	\$42.00	\$42.00	\$36.00	\$48.00	\$26.00	\$36.00	\$48.00	
Mail Generic	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	
Mail Preferred	\$31.00	\$31.00	\$41.00	\$37.00	\$19.00	\$41.00	\$37.00	
Mail Non-Preferred	\$52.00	\$52.00	\$91.00	\$95.00	\$31.00	\$91.00	\$95.00	
Prescription Drug Annual Out-of-Pocket Maximum <sup>6</sup>	\$1,411.00	\$1,411.00	\$1,411.00	\$1,411.00	\$1,411.00	\$1,411.00	\$1,411.00	

\* **HD** = High Deductible Health Plan (Medicare eligible retirees cannot enroll in the HD plans).

\*\*Medicare eligible retirees cannot enroll in the Aetna Freedom1525, Aetna Freedom2030, or Aetna HMO2030 plans.

\*\*\*Under age 26

<sup>1</sup> Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

<sup>2</sup> Family amounts are 2 times the individual amounts for the high deductible plans and 2.5 for all other plans.

<sup>3</sup> On select services.

<sup>4</sup> Out-of-Network Deductible is combined with In-Network Deductible.

<sup>5</sup> After Deductible

<sup>6</sup> Maximum out-of-pocket on prescription drugs per person per calendar year.

**Note:** Retirees with Medicare should also review the Aetna website for plan comparisons at: [www.aetnastatenj.com](http://www.aetnastatenj.com)

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